

Exhibit F

LAW OFFICE OF
SCOTT A RUBMAN
515 W 20TH ST STE 4E
NEW YORK, NY 10011-283

M; SCOTTRUBMAN@HOTMAIL.COM

C: +1 (954) 914-3240

November 15, 2024

Charles Schwab & Co., Inc.
211 Main Street
San Francisco, CA 94105

Re: 3K Investment & Holding S.A.
Panama City, Panama

Dear Sir/Madam:

I represent 3K Investments & Holding S.A. ("3K") which maintains a Schwab One International account (██████7366) with your company. I have been informed by Martin Lifschitz that on September 4, 2024, Stephen Owen of South Street Advisors wrote to him as follows:

On 27 August 2024, we received a notice from Schwab that the referenced account was frozen, and that we were not permitted to trade the account. Accordingly, until such time as the matter is resolved, and the restriction lifted, we (South Street Advisors LLC) cannot be held responsible for the investment performance of the account.

I attach the Adviser Services Organization Account Application of 3K, which as you are aware indicates that there was a Primary Authorized Individual on the account, to wit, Martin Lifschitz, who maintained a greater than 10% beneficial ownership, as well as an Authorized Individual to the account, to wit, Dolores Carril, who maintained a greater than 10% beneficial ownership. The remaining signatories were Control Persons of the entity.

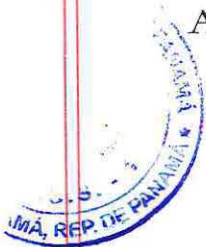
I have searched the records of 3K and determined that on August 14, 2022, Dolores Carril, holder of 250 shares of 3K, transferred those shares out of her name and was removed as an authorized signatory. A copy of her Certificate of Shares and the English Translation evidencing the transferring of the shares are annexed hereto. Subsequently I checked with the current shareholders of 3K who confirmed they did not order a freeze. For that reason, I writing to investigate this matter as the "freezing" of the account appears to be highly improper and damaging to my client.

Please respond immediately with the origin and documentation supporting the "freeze" on the account or release the "freeze" on the funds immediately.

Very truly yours,


Scott A. Rubman, Esq.

Cc: Martin Lifschitz



ALEXANDER SAMOS ROBLES
Intérprete Público Autorizado
Certified Public Translator

TRANSLATION

TRANSFER

The undersigned, DOLORES CARRIL, owner of certificate No. 2 for 250 shares of 3K INVESTMENTS & HOLDING S.A., hereby cede and transfer in favor of

*****NOMAD CONSULTING & HOLDINGS S.A.*****

TWO HUNDRED FIFTY (250) shares of the capital stock of

*****3K INVESTMENTS & HOLDING S.A.*****

registered in my name in the books of said corporation represented by certificate No.2 attached hereto, and by this means I irrevocably authorize the Secretary or the Treasurer, to record the transfer of said shares in the books of the corporation 3K INVESTMENTS & HOLDING S.A.

Date: August 14, 2022

(sgd. illegible)

DOLORES CARRIL

Shareholder

Yo, LIC. RAÚL IVÁN CASTILLO SANJUR, Notario Público
Sexto del Circuito de Panamá, con Cédula No. 4-157-725
CERTIFICO:

Que dada la certeza de la identidad de la (s) personas (s) que firma
(firmaron) el presente documento, su (s) firma (s) es (son) auténtica (s)
(Art. 1736 C.C. Art 135 C.J.): En virtud de identificación que se me presentó
Panamá, 09 AUG 2024

ATZ
Testigos
LIC. RAÚL IVÁN CASTILLO SANJUR
Notario Público Sexto



I, ALEXANDER SAMOS ROBLES, Certified Public Translator of the Republic of Panama, do hereby certify that the foregoing is a true translation of its original.



PANAMA, August 8, 2024

ALEXANDER SAMOS ROBLES



TRASPASO

La suscrita, DOLORES CARRIL, dueño del certificado No.2 por 250 acciones de 3K INVESTMENTS & HOLDING S.A., por este medio, cedo y traspaso a favor de

*****NOMAD CONSULTING & HOLDINGS S.A.*****

DOSCIENTOS CINCUENTA (250) acciones del capital social de

*****3K INVESTMENTS & HOLDING S.A.*****

registradas en mi nombre en los libros de dicha sociedad representadas por el certificado No.2 adherido al presente, y por este medio irrevocablemente autorizo a la Secretaria o a la Tesorera, a fin de anotar el traspaso de dichas acciones en los libros de la sociedad 3K INVESTMENTS & HOLDING S.A.

Fecha: Agosto 14, 2022.


DOLORES CARRIL
Accionista

Yo, LIC. RAÚL IVÁN CASTILLO SANJUR, Notario Público
Sexto del Circuito de Panamá, con Cédula No. 4-157-725

CERTIFICO:

Que dada la certeza de la identidad de la (s) personas (s) que firmaron el presente documento, su (s) firma (s) es (son) auténtica (s)
(Art. 1736 C.C. Art 835 C.J.) En virtud de identificación que se me presentó

Panamá,

Testigos

Testigos

LIC. RAÚL IVÁN CASTILLO SANJUR
Notario Público Sexto



PANAMA, R. DE PANAMA

Certificado No.

1

3K investments & holding S.A.

Acciones:

-250-

Incorporada Bajo las Leyes de la República de Panamá

Mediante Escritura Pública No.5015 del 2 de diciembre de 2021, ante la Notaría Pública Sexta del Circuito de Panamá, e inscrita en el Registro Público de Panamá, Sección Mercantil, al Folio 155716256, Asiento 1, el 10 de diciembre de 2021.

CAPITAL AUTORIZADO:

QUINIENTAS (500) acciones comunes, nominativas sin valor nominal.

QUE ***Martin D. Lifschitz*** es dueño de

DOSCIENTAS CINCUENTA

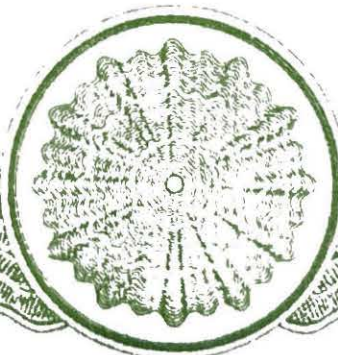
acciones del capital de la sociedad anónima

3K investments & holding S.A.

totalmente pagadas y liberadas, que le corresponden de conformidad con lo estipulado en la Escritura arriba mencionada.

Expedido en Panamá, R. de P., a los 13 días de diciembre de 2021.


Presidente




Secretario/Tesorero

PANAMA, R. DE PANAMA

Certificado No.

2*****3K investments & holding S.A.*****

Acciones:

-250-**Incorporada Bajo las Leyes de la República de Panamá**

Mediante Escritura Pública No.5015 del 2 de diciembre de 2021, ante la Notaría Pública Sexta del Circuito de Panamá, e inscrita en el Registro Público de Panamá, Sección Mercantil, al Folio 155716256, Asiento 1, el 10 de diciembre de 2021.

CAPITAL AUTORIZADO:

QUINIENTAS (500) acciones comunes, nominativas sin valor nominal.

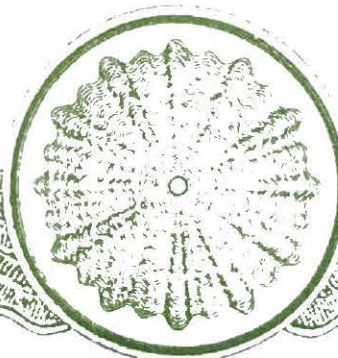
QUE *****Dolores Carril***** es dueña de

*****DOSCIENTAS CINCUENTA***** acciones del capital de la sociedad anónima

*****3K investments & holding S.A.*****

totalmente pagadas y liberadas, que le corresponden de conformidad con lo estipulado en la Escritura arriba mencionada.

Expedido en Panamá, R. de P., a los 13 días de diciembre de 2021.

**Presidente****Secretario/Tesorero**

REGISTRO DE ACCIONISTAS
3K Investments & holding S.A.

Capital autorizado: (500) acciones comunes, nominativas sin valor nominal.

| Nombre del Accionista | Certificado No. | Número de Acciones | Fecha de Emisión (D/M/A) | Fecha Transferida (D/M/A) |
|--------------------------------------|----------------------------|-----------------------------------|---|--------------------------------------|
| MARTIN D. LIFSCHITZ | -1- | 250 | 13 de diciembre de 2021 | 15 de Agosto de 2022 |
| DOLORES CARRIL | -2- | 250 | 13 de diciembre de 2021 | 15 de Agosto de 2022 |
| NOMAD CONSULTING & HOLDINGS S.A. | -3- | 500 | 15 de Agosto de 2022 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

22/09/2023

**REGISTRO DE DIRECTORES/DIGNATARIOS DE
3K investments & holding S.A.**

| Nombre y Dirección | Posición | Fecha de Nombramiento | Fecha de Renuncia/Remoción |
|---|------------------------|----------------------------------|---------------------------------------|
| LICÍMACO HERRERA SOTO [REDACTED], Panamá, República de Panamá. | Director y Presidente | 10 diciembre 2021 | |
| ANA MARÍA MORENO OUTRÓZ [REDACTED], Panamá, República de Panamá. | Directora y Tesorera | 10 diciembre 2021 | |
| ADELINA YASBETH BARRÍA VALDÉS [REDACTED] Panamá, República de Panamá. | Directora y Secretaria | 10 diciembre 2021 | |
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13 diciembre 2021

is



Schwab One International®

Advisor Services Organization Account Application

Process By
Schwab Int'l
Account
Solutions Only

To open a Schwab One International Organization Account, you must thoroughly complete this application and provide all of the requested forms and documents below:

Forms

- ☐ **Schwab One International Advisor Services Organization Account Application:** All individuals (Head of Organization, Secretary or Equivalent of Organization, and Authorized Individuals) who are authorized to establish the account or act for the account must sign this application.
- ☐ **Substitute Form W-8BEN-E:** Generally, this form must be completed when the account holder is a foreign entity. Carefully read the instructions for Form W-8BEN-E to ensure that this is the appropriate version for you. If you require another version of Form W-8, contact Schwab or visit the U.S. Internal Revenue Service (IRS) website (www.irs.gov) to download the appropriate form.

Proof of Identity of the Organization and Underlying Entities

- ☐ **Please provide the following documentation in English.**
 - Your Organization's full formation document, such as Memorandum, Articles of Association, or the equivalent.
 - Full formation document for any additional entity disclosed in this application.
 - First and signature pages of the Trust document for any trust disclosed in this application.

Proof of Identity for Individuals

- ☐ **Passports:** Provide a copy of the pages of the current passport that include photo and personal information (name, date of birth) for each individual listed in this application who:
 - (a) controls the organization (directors and executive officers),
 - (b) controls the account (Authorized Individuals), or
 - (c) is a Beneficial Owner.

Note: The name as it appears on the passport must match the relevant individual's name on the account.

- ☐ **Utility bill** (not more than 12 months old) for all Authorized Individuals, Control Persons, and Beneficial Owners listed in this application. Please note that the utility bill must show a street address identical to the home address you enter on your account application. (A post office box is not acceptable.)

Other Documents, If Applicable:

- ☐ **Trust Addendum:** Required if any 10% or greater Beneficial Owner is an international trust with beneficiary(ies) that receives distributions from the trust, or has a guaranteed (irrevocable/vested) right to receive benefits/distributions from the trust.
- ☐ **Proof of dual office holding:** If one individual signs as the organization's President and Secretary or equivalent role and there is more than one officer, proof must be presented to evidence the authority of the dual officeholder.
- ☐ **Authorization to Purchase Offshore Investment Shares form:** This form is required if you elect to invest in offshore funds, including non-U.S.-registered sweep funds.
- ☐ **Add Options Trading and Margin to Your Account form:** This form is required if the organization wishes to request option, margin, and short trading. (Note: Entities with a legal address in the EU are not eligible for margin.)
- ☐ **Transfer Your Account form:** This form can be used to fund this account by transferring assets from another brokerage firm, and will be provided separately.
- ☐ **Letter of Explanation form:** This form is required if the organization does not have a Foreign Tax Identification Number (FTIN) issued by its country of permanent residence as listed on the accompanying W-8 form, or if the organization is claiming treaty benefits as a resident of a country other than its country of legal establishment.

Note: Not all countries issue FTINs. Please follow instructions on W-8 form accordingly.



Schwab One International®

Advisor Services Organization Account Application

Process By
Schwab Int'l
Account
Solutions Only

Page 1 of 26

Investment Advisor ("IA") Information (This portion to be completed by IA.)

IA Firm Name (Please print.): South Street Advisors LLC

IA Master Account Number: 9 0 5 3

Service Team: NY Metro ASG 3

Advisor Contact Information (if follow-up is required): Steve at 9019

Is your firm (or a principal, employee, or related person* of your firm) an owner and/or Authorized Agent of this account? ☐ Yes ☒ No

If "Yes," is it intended that this account will hold assets belonging to persons or entities other than your firm, your firm's employees, or yourself, or relatives of you or your firm's employees? ☐ Yes ☐ No

If you answered "Yes" to both questions above, please answer the following: Is this an advisor-controlled fund? ☐ Yes ☐ No

(If "Yes," complete the following questions.)

Is the IA or any of its Directors, Officers, Employees, Affiliates, or Subsidiaries involved in the ongoing management or business operations of the Organization? ☐ Yes ☒ No

Was the IA or any of its Directors, Officers, Employees, Affiliates, or Subsidiaries involved with the establishment of the Organization? ☐ Yes ☒ No

Does the IA or any Director, Officer, Employee, Affiliate, or Subsidiary directly or indirectly receive compensation or other payments or benefits from the Organization? ☐ Yes ☒ No

*A "related person" is defined as any advisory affiliate or any person who is under common control with your firm. See Form ADV for additional information.

Please provide all supporting and required entity account documents in English.

Complete all sections below. We respect your privacy. Schwab will use the information you provide to open and service your accounts, communicate with you and provide information about products and services. It is important that you review Schwab's privacy policy at international.schwab.com. By submitting this account application, you are consenting for yourself and other persons on the application to the policy and protections provided under U.S. law. As required by U.S. federal law, Schwab will use the information provided on this application to verify the identity of the Organization.

1. Required Number of Schwab One® Brokerage Accounts for the Organization

We hereby request that Schwab open and maintain 1 Schwab One brokerage accounts for the organization listed in Section 2.
enter # of accounts (e.g., 1, 2, 3)

IMPORTANT INFORMATION, PLEASE READ: It is required that Transfer of Accounts, deposits, or other account-specific ancillary documentation, such as money movement forms, be submitted to Schwab **after** each multiple account number has been assigned. Failure to do so may impact the appropriate assignment to the proper account.

To add option, margin, and short account trading, complete and submit the Add Options Trading and Margin to Your Account form for each account. We acknowledge that each account will be opened with the identical account registration, account information, cash features, electronic delivery and issuer communication instructions, and Authorized Individual and Investment Advisor authorizations as set forth in this application. Any and all account features or different treatment with respect to Authorized Individual, Investment Advisor, electronic delivery, or issuer communication choices and preferences should be submitted on a separate application.

For Charles Schwab Use Only _____
Account Number



2. Required Information About the Organization

| | | | |
|--|--|--|--------------------|
| Name of Organization 3K Investments & Holding SA | | U.S. Tax ID Number (if applicable) | |
| If Organization is known by another name, enter name. | | Business Telephone Number (Country Code) (City/Area Code) (Number) | |
| Legal (Physical) Address (no P.O. boxes) [REDACTED] | | | |
| City/County Panama City | State/Province | Country PANAMA | Postal or Zip Code |
| Organization Mailing Address Same | | | |
| City/County | State/Province | Country | Postal or Zip Code |
| Jurisdiction of Establishment Panama | Organization Registration Number [REDACTED] 6256 | <input type="radio"/> Check if the jurisdiction does not have an Organization registration number. | |

3. Company's Scope of Business: (Select one.)

- ☐ **Commercial/operating business**
Line of business: _____
- ☐ **Financial institution** (Please specify.)
☐ Bank ☐ Securities firm ☐ Insurance company ☐ Mutual fund/hedge fund ☐ Money exchange house
☐ Other financial institution
Line of business: _____
☐ Check here if the Organization is either a U.S. registered broker-dealer or a non-U.S. financial institution **and** if the assets in the Account are not customer assets.
- ☒ **Personal investment company**
- ☐ **Other**
Indicate type: _____

Shares in the Organization Are: (Select one.)

- ☒ Registered on the books of the organization ☐ In bearer-share form

4. How did you hear about Charles Schwab? (Check one.)

- ☐ General reputation/news coverage ☒ Referred by another individual
☐ Traditional media advertising (such as a U.S. financial magazine) ☐ Schwab Website ☐ Schwab web advertisement

5. Required Information About the Account

A. Source of Funds in Account (Check all that apply.)

Please provide the source of assets that will be deposited or held in the account. If the source is a transfer from another firm, please indicate the source of funds that were used to purchase the assets.

- ☒ Salary, wages, savings ☐ Working capital ☐ Investment capital gains
☐ Organization income ☒ Family, relatives, inheritance ☐ Sale of property ☐ Other (Please specify.): _____

B. Purpose of Account (Check all that apply.)

- ☐ Business operating revenue and expense processing ☐ Investing of retirement funds ☐ Investing of college funds
☒ Investing for estate planning purposes ☐ Business payroll processing ☐ Business funding
☐ Investing of pooled assets ☐ Investing of business revenue ☐ Business cash management and treasury
☒ General investing ☐ Investing for tax benefits
☐ Other (Please specify.): _____



6. Information About Authorized Individuals, Control Persons and ≥10% Beneficial Owners

Please complete this section for the following:

- Each Authorized Individual
- At least one Control Person of the Organization
- All ≥10% Beneficial Owners

☐ Check here if no single individual or Legal Entity/Trust owns ≥10% of this Organization. You agree to notify Schwab if or when someone owns ≥10% of the Organization in the future. If checked, complete the following for Authorized Individuals and at least one Control Person (e.g., principals, directors, officers, and managing members).

| | |
|------------------------|---|
| Authorized Individuals | <ul style="list-style-type: none"> • Any individual or representative of an owner, partner, member, officer, employee, or agent of the Organization that is authorized by the Organization to: <ul style="list-style-type: none"> • Buy and sell securities; • Withdraw and transfer cash and securities; • Sign contracts, waivers, and releases; and • Otherwise conduct business with Schwab on behalf of the Organization. • Complete Individual 1 below for the Primary Authorized Individual who will receive all email correspondence from Schwab. • Schwab will have no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Individual. |
| Control Persons | <ul style="list-style-type: none"> • An individual with significant responsibility for managing the Organization (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). • Please complete Section 6b for a Legal Entity or Trust that is a Control Person of the Organization. • At least one Control Person is required. |
| ≥10% Beneficial Owners | <ul style="list-style-type: none"> • Each individual, if any, who owns, directly or indirectly, ≥10% of the equity interests of the Organization (e.g., each natural person that owns ≥10% of the shares of an organization). • In the instance where a Trust is an equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Please complete Section 6c with Trust and Trustee information. • Please note that the Beneficial Ownership information provided in this application will be applied to all other similarly registered Organization accounts maintained at Schwab. |

6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners

If there are more than four individuals who are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners, please make, complete, and attach additional copies of this section.

Individual 1

| | | | |
|--|----------------------------|--|--------------------|
| Role of Individual on Account (Select all that apply.) | | | |
| <input checked="" type="checkbox"/> Primary Authorized Individual <input type="checkbox"/> Control Person <input checked="" type="checkbox"/> ≥10% Beneficial Owner | | | |
| <input type="checkbox"/> President <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input checked="" type="checkbox"/> Other: <u>Owner</u> | | | |
| First Name/Given Name | Middle | Last Name(s)/Surname(s) | |
| Martin | D | Lifschitz | |
| Home Street Address (no P.O. boxes) | | | |
| [REDACTED] | | | |
| City | State or Province | Country | Postal or Zip Code |
| Buenos Aires | | ARGENTINA | CP1011 |
| Mailing Address (if different from above; P.O. boxes may be used) | | | |
| City | State or Province | Country | Postal or Zip Code |
| | | | |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) | |
| <input type="checkbox"/> Home <input type="checkbox"/> Business <input checked="" type="checkbox"/> Mobile [REDACTED] 4114 | | <input type="checkbox"/> Home <input checked="" type="checkbox"/> Business <input type="checkbox"/> Mobile [REDACTED] 9994 | |
| U.S. Social Security/Tax ID No. (if applicable) | Date of Birth (mm/dd/yyyy) | Country of Birth | |
| | [REDACTED] | Argentina | |



6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)**Individual 1** (Continued)

| | | | |
|---|---------------------------------------|---|--|
| Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input checked="" type="radio"/> Other: <u>Argentin</u> <input type="radio"/> Other: _____ | | Country of Legal (Physical) Residence <input type="radio"/> USA <input checked="" type="radio"/> Other: <u>Argentina</u> | |
| Passport Number [REDACTED] | Place of Issuance <u>Argentina</u> | | Expiration Date (mm/dd/yyyy) [REDACTED] |
| Employment Status (Please check only one.) <input type="radio"/> Employed <input checked="" type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <input checked="" type="radio"/> Business Owner/Self-Employed <input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Military <input type="radio"/> Consultant <input type="radio"/> Executive/Senior Management <input type="radio"/> Information Technology Professional <input type="radio"/> Educator <input type="radio"/> Other (Specify): _____ <input type="radio"/> Medical Professional <input type="radio"/> Other Professional <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Legal Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input type="radio"/> Accounting Professional <input type="radio"/> Foreign Government Employee (Non-U.S.) <input type="radio"/> Sales/Marketing | | | |
| Employer Name/Business Name <u>Light Bros SRL</u> | | | |
| Business Street Address [REDACTED] | | | |
| City <u>Buenos Aires</u> | State or Province | Country <u>Argentina</u> | Postal or Zip Code |
| Email Address (required to access your account through the web) [REDACTED] | | | |
| Mother's Maiden Name [REDACTED] | | Are you known by another name? Specify: | |
| For Beneficial Owners Only: What is your percentage of ownership? <u>50</u> % What is your source of wealth? (Check all that apply.) <input checked="" type="radio"/> Salary, wages, savings <input type="radio"/> Family, relatives, inheritance <input type="radio"/> Litigation award <input type="radio"/> Gambling <input type="radio"/> Social Security benefits <input type="radio"/> Investment capital gains <input type="radio"/> Invention/patent <input type="radio"/> Lottery <input type="radio"/> Sale of property or business <input type="radio"/> Gifts | | | |

The Next Two Questions Are Required by Industry Regulations:

| | |
|--|--|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.) | |
| List the company name _____.) | |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) | |



6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)**Individual 1** (Continued)**Trusted Contact Designation for Authorized Individuals Only**

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](https://www.schwab.com/accountagreement).



6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)**Individual 2**

| | | | |
|--|----------------------------|--|-------------------------|
| Role of Individual on Account (Select all that apply.) | | | |
| <input checked="" type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input checked="" type="checkbox"/> ≥10% Beneficial Owner | | | |
| <input type="checkbox"/> President <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input checked="" type="checkbox"/> Other: <u>Owner</u> | | | |
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) |
| Dolores | | | Carril |
| Home Street Address (no P.O. boxes) | | | |
| [REDACTED] | | | |
| City | State or Province | Country | Postal or Zip Code |
| Buenos Aires | | ARGENTINA | CP1011 |
| Mailing Address (if different from above; P.O. boxes may be used) | | | |
| City | State or Province | Country | Postal or Zip Code |
| | | | |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) | |
| <input type="checkbox"/> Home <input type="checkbox"/> Business <input checked="" type="checkbox"/> Mobile [REDACTED] 9888 | | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile [REDACTED] 9888 | |
| U.S. Social Security/Tax ID No. (if applicable) | Date of Birth (mm/dd/yyyy) | Country of Birth | |
| | [REDACTED] | Argentina | |
| Country(ies) of Citizenship (Must list all.) | | Country of Legal (Physical) Residence | |
| <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other: <u>Argentina</u> <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other: <u>Argentina</u> | |
| Passport Number | Place of Issuance | Expiration Date (mm/dd/yyyy) | |
| [REDACTED] | Argentina | [REDACTED] | |
| Employment Status (Please check only one.) | | | |
| <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) | | | |
| <input type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant | | | |
| <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input type="checkbox"/> Other (Specify): _____ | | | |
| <input type="checkbox"/> Medical Professional <input checked="" type="checkbox"/> Other Professional <input type="checkbox"/> Clerical/Administrative Services | | | |
| <input type="checkbox"/> Legal Professional <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) | | | |
| <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Sales/Marketing | | | |
| Employer Name/Business Name | | | |
| Business Street Address | | | |
| [REDACTED] | | | |
| City | State or Province | Country | Postal or Zip Code |
| Buenos Aires | | Argentina | CP1428 |
| Mother's Maiden Name | | Are you known by another name? Specify: | |
| | | | |
| For Beneficial Owners Only: | | | |
| What is your percentage of ownership? <u>50</u> % | | | |
| What is your source of wealth? (Check all that apply.) | | | |
| <input type="checkbox"/> Salary, wages, savings <input checked="" type="checkbox"/> Family, relatives, inheritance <input type="checkbox"/> Litigation award <input type="checkbox"/> Gambling <input type="checkbox"/> Social Security benefits | | | |
| <input type="checkbox"/> Investment capital gains <input type="checkbox"/> Invention/patent <input type="checkbox"/> Lottery <input type="checkbox"/> Sale of property or business <input type="checkbox"/> Gifts | | | |

The Next Two Questions Are Required by Industry Regulations:

| | |
|---|--|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.) | |
| List the company name _____.) | |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.) | |



6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)

Individual 2 (Continued)

Trusted Contact Designation for Authorized Individuals Only

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](https://www.schwab.com/accountagreement).



6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)

Individual 3

| | | | |
|--|---|--|-------------------------|
| Role of Individual on Account (Select all that apply.) | | | |
| <input type="radio"/> Authorized Individual <input checked="" type="radio"/> Control Person <input type="radio"/> ≥10% Beneficial Owner | | | |
| <input checked="" type="radio"/> President <input type="radio"/> Director <input type="radio"/> Secretary <input type="radio"/> Treasurer <input type="radio"/> Other: _____ | | | |
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) |
| Licimaco | | Herrera | Soto |
| Home Street Address (no P.O. boxes) | | | |
| [REDACTED] | | | |
| City | State or Province | Country | Postal or Zip Code |
| Panama City | | PANAMA | |
| Mailing Address (if different from above; P.O. boxes may be used) | | | |
| [REDACTED] | | | |
| City | State or Province | Country | Postal or Zip Code |
| Panama City | | PANAMA | |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) | |
| <input type="radio"/> Home <input checked="" type="radio"/> Business <input type="radio"/> Mobile [REDACTED] 6906 | | <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| U.S. Social Security/Tax ID No. (if applicable) | Date of Birth (mm/dd/yyyy) | Country of Birth | |
| [REDACTED] | 04/01/1962 | Panama | |
| Country(ies) of Citizenship (Must list all.) | | Country of Legal (Physical) Residence | |
| <input type="radio"/> USA <input checked="" type="radio"/> Other: Panama <input type="radio"/> Other: _____ | | <input type="radio"/> USA <input checked="" type="radio"/> Other: Panama | |
| Passport Number | Place of Issuance | Expiration Date (mm/dd/yyyy) | |
| [REDACTED] | Panama | [REDACTED] | |
| Employment Status (Please check only one.) | | | |
| <input checked="" type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) | | | |
| <input type="radio"/> Business Owner/Self-Employed <input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Military <input type="radio"/> Consultant <input type="radio"/> Executive/Senior Management <input type="radio"/> Information Technology Professional <input type="radio"/> Educator <input type="radio"/> Other (Specify): _____ <input type="radio"/> Medical Professional <input type="radio"/> Other Professional <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Legal Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input checked="" type="radio"/> Accounting Professional <input type="radio"/> Foreign Government Employee (Non-U.S.) <input type="radio"/> Sales/Marketing | | | |
| Employer Name/Business Name | | | |
| INTERTRUST | | | |
| Business Street Address | | | |
| [REDACTED] | | | |
| City | State or Province | Country | Postal or Zip Code |
| Panama City | | PANAMA | |
| Mother's Maiden Name | Are you known by another name? Specify: | | |
| [REDACTED] | | | |
| For Beneficial Owners Only: | | | |
| What is your percentage of ownership? _____% | | | |
| What is your source of wealth? (Check all that apply.) | | | |
| <input type="radio"/> Salary, wages, savings <input type="radio"/> Family, relatives, inheritance <input type="radio"/> Litigation award <input type="radio"/> Gambling <input type="radio"/> Social Security benefits <input type="radio"/> Investment capital gains <input type="radio"/> Invention/patent <input type="radio"/> Lottery <input type="radio"/> Sale of property or business <input type="radio"/> Gifts | | | |

The Next Two Questions Are Required by Industry Regulations:

| |
|---|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? |
| <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application. |
| List the company name _____.) |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? |
| <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) |



6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)

Individual 3 (Continued)

Trusted Contact Designation for Authorized Individuals Only

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](https://www.schwab.com/accountagreement).



6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)**Individual 4**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|---|--|----------------------------------|---|---|--|--|--|--|--|--|--|--|--|--|---|--|---------------------------------------|--|
| Role of Individual on Account (Select all that apply.) <input type="radio"/> Authorized Individual <input checked="" type="radio"/> Control Person <input type="radio"/> ≥10% Beneficial Owner | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> President <input type="radio"/> Director <input checked="" type="radio"/> Secretary <input type="radio"/> Treasurer <input type="radio"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| First Name/Given Name Adelina | | Middle Yasbeth | Last Name(s)/Surname(s) Barria Valdes | | | | | | | | | | | | | | | | | | | | |
| Home Street Address (no P.O. boxes) [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| City Panama City | State or Province | Country PANAMA | Postal or Zip Code | | | | | | | | | | | | | | | | | | | | |
| Mailing Address (if different from above; P.O. boxes may be used) [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| City Panama City | State or Province | Country PANAMA | Postal or Zip Code | | | | | | | | | | | | | | | | | | | | |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input checked="" type="radio"/> Business <input type="radio"/> Mobile [REDACTED] 6906 | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | | | | | | | | | | | | | | | | | | | | |
| U.S. Social Security/Tax ID No. (if applicable) [REDACTED] | | Date of Birth (mm/dd/yyyy) [REDACTED] | Country of Birth Panama | | | | | | | | | | | | | | | | | | | | |
| Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input checked="" type="radio"/> Other: Panama <input type="radio"/> Other: _____ | | | Country of Legal (Physical) Residence <input type="radio"/> USA <input checked="" type="radio"/> Other: Panama | | | | | | | | | | | | | | | | | | | | |
| Passport Number [REDACTED] | Place of Issuance Panama | | Expiration Date (mm/dd/yyyy) [REDACTED] | | | | | | | | | | | | | | | | | | | | |
| Employment Status (Please check only one.) <input checked="" type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <table border="0"><tr><td><input type="radio"/> Business Owner/Self-Employed</td><td><input type="radio"/> Financial Services/Banking Professional</td><td><input type="radio"/> Military</td><td><input type="radio"/> Consultant</td></tr><tr><td><input type="radio"/> Executive/Senior Management</td><td><input type="radio"/> Information Technology Professional</td><td><input type="radio"/> Educator</td><td><input checked="" type="radio"/> Other (Specify): Secretary</td></tr><tr><td><input type="radio"/> Medical Professional</td><td><input type="radio"/> Other Professional</td><td><input type="radio"/> Clerical/Administrative Services</td><td></td></tr><tr><td><input type="radio"/> Legal Professional</td><td><input type="radio"/> U.S. Government Employee (Federal/State/Local)</td><td><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</td><td></td></tr><tr><td><input type="radio"/> Accounting Professional</td><td><input type="radio"/> Foreign Government Employee (Non-U.S.)</td><td><input type="radio"/> Sales/Marketing</td><td></td></tr></table> | | | | <input type="radio"/> Business Owner/Self-Employed | <input type="radio"/> Financial Services/Banking Professional | <input type="radio"/> Military | <input type="radio"/> Consultant | <input type="radio"/> Executive/Senior Management | <input type="radio"/> Information Technology Professional | <input type="radio"/> Educator | <input checked="" type="radio"/> Other (Specify): Secretary | <input type="radio"/> Medical Professional | <input type="radio"/> Other Professional | <input type="radio"/> Clerical/Administrative Services | | <input type="radio"/> Legal Professional | <input type="radio"/> U.S. Government Employee (Federal/State/Local) | <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) | | <input type="radio"/> Accounting Professional | <input type="radio"/> Foreign Government Employee (Non-U.S.) | <input type="radio"/> Sales/Marketing | |
| <input type="radio"/> Business Owner/Self-Employed | <input type="radio"/> Financial Services/Banking Professional | <input type="radio"/> Military | <input type="radio"/> Consultant | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Executive/Senior Management | <input type="radio"/> Information Technology Professional | <input type="radio"/> Educator | <input checked="" type="radio"/> Other (Specify): Secretary | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Medical Professional | <input type="radio"/> Other Professional | <input type="radio"/> Clerical/Administrative Services | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Legal Professional | <input type="radio"/> U.S. Government Employee (Federal/State/Local) | <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Accounting Professional | <input type="radio"/> Foreign Government Employee (Non-U.S.) | <input type="radio"/> Sales/Marketing | | | | | | | | | | | | | | | | | | | | | |
| Employer Name/Business Name INTERTRUST | | | | | | | | | | | | | | | | | | | | | | | |
| Business Street Address [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| City Panama City | State or Province | Country PANAMA | Postal or Zip Code | | | | | | | | | | | | | | | | | | | | |
| Mother's Maiden Name [REDACTED] | | Are you known by another name? Specify: | | | | | | | | | | | | | | | | | | | | | |
| For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <table border="0"><tr><td><input type="radio"/> Salary, wages, savings</td><td><input type="radio"/> Family, relatives, inheritance</td><td><input type="radio"/> Litigation award</td><td><input type="radio"/> Gambling</td><td><input type="radio"/> Social Security benefits</td></tr><tr><td><input type="radio"/> Investment capital gains</td><td><input type="radio"/> Invention/patent</td><td><input type="radio"/> Lottery</td><td><input type="radio"/> Sale of property or business</td><td><input type="radio"/> Gifts</td></tr></table> | | | | <input type="radio"/> Salary, wages, savings | <input type="radio"/> Family, relatives, inheritance | <input type="radio"/> Litigation award | <input type="radio"/> Gambling | <input type="radio"/> Social Security benefits | <input type="radio"/> Investment capital gains | <input type="radio"/> Invention/patent | <input type="radio"/> Lottery | <input type="radio"/> Sale of property or business | <input type="radio"/> Gifts | | | | | | | | | | |
| <input type="radio"/> Salary, wages, savings | <input type="radio"/> Family, relatives, inheritance | <input type="radio"/> Litigation award | <input type="radio"/> Gambling | <input type="radio"/> Social Security benefits | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Investment capital gains | <input type="radio"/> Invention/patent | <input type="radio"/> Lottery | <input type="radio"/> Sale of property or business | <input type="radio"/> Gifts | | | | | | | | | | | | | | | | | | | |

The Next Two Questions Are Required by Industry Regulations:

| | |
|--|--|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.) | |
| List the company name _____.) | |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) | |

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6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)

Individual 4 (Continued)

Trusted Contact Designation for Authorized Individuals Only

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

| | | |
|--|---------------|---------------------|
| Name (Title, First) | (Middle Name) | (Last Name, Suffix) |
| Relationship (Please select only one.) | | |
| <input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other | | |

Please provide at least one method of contact for each Trusted Contact listed.

| | | |
|---------------------------------|--------------|--------------------|
| Mailing Address (No P.O. Boxes) | | City |
| State or Province | Country | Postal or Zip Code |
| Home Phone | Mobile Phone | Email Address |

*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at schwab.com/accountagreement.



6b. Control Person/Beneficial Owner That Is a Legal Entity

If the Control Person is a Legal Entity or a Trust, or a Beneficial Owner is a Legal Entity, provide the information requested below—all information is required.

In addition, please complete the information requested on the following page for at least one of the underlying Control Persons/Trustees of the Legal Entity/Trust and all Beneficial Owners of a $\geq 10\%$ Beneficial Owner entity. If there are additional legal entities that are $\geq 10\%$ Beneficial Owners that do not fit in the space below, please make, complete, and attach additional copies of this section. **If the Beneficial Owner is a Trust, skip to Section 6c.**

| | | | |
|---|------------------------------------|----------------------------------|--|
| Title (Select all that apply.) <input type="radio"/> Control Person <input type="radio"/> $\geq 10\%$ Beneficial Owner | | | |
| Name of Legal Entity | | | |
| Legal Entity Telephone Number (Country Code) (City/Area Code) (Number) | U.S. Tax ID Number (if applicable) | Organization Registration Number | <input type="radio"/> Check if the jurisdiction does not have a registration number. |
| Legal Entity Street Address (no P.O. boxes) | | | |
| City | State or Province | Country | Postal or Zip Code |
| Mailing Address (if different from above; P.O. boxes may be used) | | | |
| City | State or Province | Country | Postal or Zip Code |
| Jurisdiction of Establishment | | Line of Business | |
| For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <input type="radio"/> Organization income <input type="radio"/> Disposition of assets <input type="radio"/> Capital gains <input type="radio"/> Sale of property <input type="radio"/> Organization offering <input type="radio"/> Investor assets/contribution <input type="radio"/> Private placement | | | |



6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)

Provide the following information for at least one Control Person/Trustee for the above Legal Entity/Trust. Also provide the following information for all $\geq 10\%$ Beneficial Owners of the above Legal Entity. If information was provided for the Control Person/Trustee/Beneficial Owner in Section 6a, list only his/her name below and, if a Beneficial Owner, answer the last question regarding Beneficial Owners, if not previously provided.

Individual 1

| | | | |
|--|-------------------|---|------------------------------|
| Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> $\geq 10\%$ Beneficial Owner | | | |
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) |
| Home Street Address (no P.O. boxes) | | | |
| City | | State or Province | Country Postal or Zip Code |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| U.S. Social Security/Tax ID No. (if applicable) | | Date of Birth (mm/dd/yyyy) | Country of Birth |
| Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____ | | Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____ | |
| Passport Number | Place of Issuance | | Expiration Date (mm/dd/yyyy) |
| Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <input type="radio"/> Business Owner/Self-Employed <input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Military <input type="radio"/> Consultant <input type="radio"/> Executive/Senior Management <input type="radio"/> Information Technology Professional <input type="radio"/> Educator <input type="radio"/> Other (Specify): _____ <input type="radio"/> Medical Professional <input type="radio"/> Other Professional <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Legal Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input type="radio"/> Accounting Professional <input type="radio"/> Foreign Government Employee (Non-U.S.) <input type="radio"/> Sales/Marketing | | | |
| Employer Name/Business Name | | | |
| Business Street Address | | | |
| City | | State or Province | Country Postal or Zip Code |
| For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <input type="radio"/> Salary, wages, savings <input type="radio"/> Family, relatives, inheritance <input type="radio"/> Litigation award <input type="radio"/> Gambling <input type="radio"/> Social Security benefits <input type="radio"/> Investment capital gains <input type="radio"/> Invention/patent <input type="radio"/> Lottery <input type="radio"/> Sale of property or business <input type="radio"/> Gifts | | | |

The Next Two Questions Are Required by Industry Regulations:

| | |
|---|--|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.) | |
| List the company name _____. | |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) | |

ST



6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)

Individual 2

| | | | |
|--|-------------------|---|------------------------------|
| Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> ≥10% Beneficial Owner | | | |
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) |
| Home Street Address (no P.O. boxes) | | | |
| City | State or Province | Country | Postal or Zip Code |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| U.S. Social Security/Tax ID No. (if applicable) | | Date of Birth (mm/dd/yyyy) | Country of Birth |
| Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____ | | Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____ | |
| Passport Number | Place of Issuance | | Expiration Date (mm/dd/yyyy) |
| Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Business Owner/Self-Employed</div> <div style="width: 50%;"><input type="radio"/> Financial Services/Banking Professional</div> <div style="width: 50%;"><input type="radio"/> Military</div> <div style="width: 50%;"><input type="radio"/> Consultant</div> <div style="width: 50%;"><input type="radio"/> Executive/Senior Management</div> <div style="width: 50%;"><input type="radio"/> Information Technology Professional</div> <div style="width: 50%;"><input type="radio"/> Educator</div> <div style="width: 50%;"><input type="radio"/> Other (Specify): _____</div> <div style="width: 50%;"><input type="radio"/> Medical Professional</div> <div style="width: 50%;"><input type="radio"/> Other Professional</div> <div style="width: 50%;"><input type="radio"/> Clerical/Administrative Services</div> <div style="width: 50%;"><input type="radio"/> Legal Professional</div> <div style="width: 50%;"><input type="radio"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 50%;"><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 50%;"><input type="radio"/> Accounting Professional</div> <div style="width: 50%;"><input type="radio"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 50%;"><input type="radio"/> Sales/Marketing</div> </div> | | | |
| Employer Name/Business Name | | | |
| Business Street Address | | | |
| City | State or Province | Country | Postal or Zip Code |
| For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Salary, wages, savings</div> <div style="width: 50%;"><input type="radio"/> Family, relatives, inheritance</div> <div style="width: 50%;"><input type="radio"/> Litigation award</div> <div style="width: 50%;"><input type="radio"/> Gambling</div> <div style="width: 50%;"><input type="radio"/> Social Security benefits</div> <div style="width: 50%;"><input type="radio"/> Investment capital gains</div> <div style="width: 50%;"><input type="radio"/> Invention/patent</div> <div style="width: 50%;"><input type="radio"/> Lottery</div> <div style="width: 50%;"><input type="radio"/> Sale of property or business</div> <div style="width: 50%;"><input type="radio"/> Gifts</div> </div> | | | |

The Next Two Questions Are Required by Industry Regulations:

| |
|---|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.) |
| List the company name _____. |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? |
| <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) |



6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)

Individual 3

| | | | |
|--|-------------------|---|------------------------------|
| Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> ≥10% Beneficial Owner | | | |
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) |
| Home Street Address (no P.O. boxes) | | | |
| City | State or Province | Country | Postal or Zip Code |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| U.S. Social Security/Tax ID No. (if applicable) | | Date of Birth (mm/dd/yyyy) | Country of Birth |
| Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____ | | Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____ | |
| Passport Number | Place of Issuance | | Expiration Date (mm/dd/yyyy) |
| Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Business Owner/Self-Employed</div> <div style="width: 50%;"><input type="radio"/> Financial Services/Banking Professional</div> <div style="width: 50%;"><input type="radio"/> Military</div> <div style="width: 50%;"><input type="radio"/> Consultant</div> <div style="width: 50%;"><input type="radio"/> Executive/Senior Management</div> <div style="width: 50%;"><input type="radio"/> Information Technology Professional</div> <div style="width: 50%;"><input type="radio"/> Educator</div> <div style="width: 50%;"><input type="radio"/> Other (Specify): _____</div> <div style="width: 50%;"><input type="radio"/> Medical Professional</div> <div style="width: 50%;"><input type="radio"/> Other Professional</div> <div style="width: 50%;"><input type="radio"/> Clerical/Administrative Services</div> <div style="width: 50%;"><input type="radio"/> Legal Professional</div> <div style="width: 50%;"><input type="radio"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 50%;"><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 50%;"><input type="radio"/> Accounting Professional</div> <div style="width: 50%;"><input type="radio"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 50%;"><input type="radio"/> Sales/Marketing</div> </div> | | | |
| Employer Name/Business Name | | | |
| Business Street Address | | | |
| City | State or Province | Country | Postal or Zip Code |
| For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Salary, wages, savings</div> <div style="width: 50%;"><input type="radio"/> Family, relatives, inheritance</div> <div style="width: 50%;"><input type="radio"/> Litigation award</div> <div style="width: 50%;"><input type="radio"/> Gambling</div> <div style="width: 50%;"><input type="radio"/> Social Security benefits</div> <div style="width: 50%;"><input type="radio"/> Investment capital gains</div> <div style="width: 50%;"><input type="radio"/> Invention/patent</div> <div style="width: 50%;"><input type="radio"/> Lottery</div> <div style="width: 50%;"><input type="radio"/> Sale of property or business</div> <div style="width: 50%;"><input type="radio"/> Gifts</div> </div> | | | |

The Next Two Questions Are Required by Industry Regulations:

| |
|---|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.) |
| List the company name _____.) |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) |



6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)

Individual 4

| | | | |
|--|-------------------|---|---------------------------------|
| Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> ≥10% Beneficial Owner | | | |
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) |
| Home Street Address (no P.O. boxes) | | | |
| City | | State or Province | Country Postal or Zip Code |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| U.S. Social Security/Tax ID No. (if applicable) | | Date of Birth (mm/dd/yyyy) | Country of Birth |
| Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____ | | Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____ | |
| Passport Number | Place of Issuance | | Expiration Date (mm/dd/yyyy) |
| Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Business Owner/Self-Employed</div> <div style="width: 50%;"><input type="radio"/> Financial Services/Banking Professional</div> <div style="width: 50%;"><input type="radio"/> Military</div> <div style="width: 50%;"><input type="radio"/> Consultant</div> <div style="width: 50%;"><input type="radio"/> Executive/Senior Management</div> <div style="width: 50%;"><input type="radio"/> Information Technology Professional</div> <div style="width: 50%;"><input type="radio"/> Educator</div> <div style="width: 50%;"><input type="radio"/> Other (Specify): _____</div> <div style="width: 50%;"><input type="radio"/> Medical Professional</div> <div style="width: 50%;"><input type="radio"/> Other Professional</div> <div style="width: 50%;"><input type="radio"/> Clerical/Administrative Services</div> <div style="width: 50%;"><input type="radio"/> Legal Professional</div> <div style="width: 50%;"><input type="radio"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 50%;"><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 50%;"><input type="radio"/> Accounting Professional</div> <div style="width: 50%;"><input type="radio"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 50%;"><input type="radio"/> Sales/Marketing</div> </div> | | | |
| Employer Name/Business Name | | | |
| Business Street Address | | | |
| City | | State or Province | Country Postal or Zip Code |
| For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Salary, wages, savings</div> <div style="width: 50%;"><input type="radio"/> Family, relatives, inheritance</div> <div style="width: 50%;"><input type="radio"/> Litigation award</div> <div style="width: 50%;"><input type="radio"/> Gambling</div> <div style="width: 50%;"><input type="radio"/> Social Security benefits</div> <div style="width: 50%;"><input type="radio"/> Investment capital gains</div> <div style="width: 50%;"><input type="radio"/> Invention/patent</div> <div style="width: 50%;"><input type="radio"/> Lottery</div> <div style="width: 50%;"><input type="radio"/> Sale of property or business</div> <div style="width: 50%;"><input type="radio"/> Gifts</div> </div> | | | |

The Next Two Questions Are Required by Industry Regulations:

| | |
|---|--|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.) | |
| List the company name _____. | |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) | |



6c. Information About Trusts That Are ≥10% Beneficial Owners

If a Trust is a ≥10% equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Information on all current Trustees is required. If there is more than one Trust that is a ≥10% Beneficial Owner of the Organization, please make, complete and attach additional copies of this Section 6c.

If this is an international trust with beneficiaries that have vested and/or irrevocable beneficial interest or are receiving current distributions, also submit a Trust Addendum.

| | |
|---|------------------------|
| Name of Trust | |
| Country of Establishment | State of Establishment |
| What is the Trust's percentage of ownership in the Organization? _____% | |

Please complete Part 1 for current Trustee(s) that is an Individual or Part 2 for a current Trustee that is an Entity Trustee.

Part 1: Trustee(s) That Is an Individual

Provide the following information for all current Trustees of the aforementioned Trust. If information was provided for a current Trustee in Section 6a or 6b, list only his/her name below. If there are more than four current Trustees, please make, complete and attach additional copies of this section.

Trustee 1

| | | | | | |
|---|--|--|--|--|--|
| First Name/Given Name | | Middle | | Last Name(s)/Surname(s) | |
| Home Street Address (no P.O. boxes) | | | | | |
| City | | State or Province | | Country | |
| Postal or Zip Code | | | | | |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) | | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) | | |
| <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | | <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | |
| U.S. Social Security/Tax ID No. (if applicable) | | Date of Birth (mm/dd/yyyy) | | Country of Birth | |
| Country(ies) of Citizenship (Must list all.) | | | | Country of Legal (Physical) Residence | |
| <input type="radio"/> USA <input type="radio"/> Other: _____ | | | | <input type="radio"/> USA <input type="radio"/> Other: _____ | |
| Passport Number | | Place of Issuance | | Expiration Date (mm/dd/yyyy) | |
| Employment Status (Please check only one.) | | | | | |
| <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) | | | | | |
| <input type="radio"/> Business Owner/Self-Employed | | <input type="radio"/> Financial Services/Banking Professional | | <input type="radio"/> Military | |
| <input type="radio"/> Executive/Senior Management | | <input type="radio"/> Information Technology Professional | | <input type="radio"/> Educator | |
| <input type="radio"/> Medical Professional | | <input type="radio"/> Other Professional | | <input type="radio"/> Clerical/Administrative Services | |
| <input type="radio"/> Legal Professional | | <input type="radio"/> U.S. Government Employee (Federal/State/Local) | | <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) | |
| <input type="radio"/> Accounting Professional | | <input type="radio"/> Foreign Government Employee (Non-U.S.) | | <input type="radio"/> Sales/Marketing | |
| Employer Name/Business Name | | | | | |
| Business Street Address | | | | | |
| City | | State or Province | | Country | |
| Postal or Zip Code | | | | | |

The Next Two Questions Are Required by Industry Regulations:

| | |
|---|--|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? | |
| <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application. | |
| List the company name _____.) | |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? | |
| <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) | |



6c. Information About Trusts That Are ≥10% Beneficial Owners (Continued)

Trustee 2

| | | | | |
|--|--|----------------------------|---|------------------------------|
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) | |
| Home Street Address (no P.O. boxes) | | | | |
| City | | State or Province | Country | Postal or Zip Code |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| U.S. Social Security/Tax ID No. (if applicable) | | Date of Birth (mm/dd/yyyy) | | Country of Birth |
| Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____ | | | Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____ | |
| Passport Number | | Place of Issuance | | Expiration Date (mm/dd/yyyy) |
| Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <input type="radio"/> Business Owner/Self-Employed <input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Military <input type="radio"/> Consultant <input type="radio"/> Executive/Senior Management <input type="radio"/> Information Technology Professional <input type="radio"/> Educator <input type="radio"/> Other (Specify): _____ <input type="radio"/> Medical Professional <input type="radio"/> Other Professional <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Legal Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input type="radio"/> Accounting Professional <input type="radio"/> Foreign Government Employee (Non-U.S.) <input type="radio"/> Sales/Marketing | | | | |
| Employer Name/Business Name | | | | |
| Business Street Address | | | | |
| City | | State or Province | Country | Postal or Zip Code |

The Next Two Questions Are Required by Industry Regulations:

| |
|---|
| Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name _____.) |
| Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.) |



6c. Information About Trusts That Are $\geq 10\%$ Beneficial Owners (Continued)**Part 2: Entity Trustee**

Complete this section if any Trustee(s) is an entity (organization trustee or other entity).

| | | | |
|---|-------------------|--|--------------------|
| Entity Name (Please supply if your Trustee is not an Individual.) | | | |
| Legal Street Address (no P.O. boxes, please) | | Legal Entity Telephone Number (Country Code) (City/Area Code) (Number) | |
| | | <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| City | State or Province | Country | Postal or Zip Code |
| Country of Establishment | | Jurisdiction of Establishment | |
| U.S. Entity Tax ID Number (if applicable) | | | |

Required Information About Entity Trustee Control Person

Complete this section for one Control Person of the aforementioned Entity Trustee.

Entity Trustee Control Person

| | | | | |
|---|--|--|--|--------------------|
| First Name/Given Name | | Middle | Last Name(s)/Surname(s) | |
| Home Street Address (no P.O. boxes) | | | | |
| City | State or Province | | Country | Postal or Zip Code |
| Preferred Telephone Number (Country Code) (City/Area Code) (Number) | | | Alternate Telephone Number (Country Code) (City/Area Code) (Number) | |
| <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | | | <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile | |
| U.S. Social Security/Tax ID No. (if applicable) | | Date of Birth (mm/dd/yyyy) | Country of Birth | |
| Country(ies) of Citizenship (Must list all.) | | | Country of Legal (Physical) Residence | |
| <input type="radio"/> USA <input type="radio"/> Other: _____ | | | <input type="radio"/> USA <input type="radio"/> Other: _____ | |
| Passport Number | Place of Issuance | | Expiration Date (mm/dd/yyyy) | |
| Employment Status (Please check only one.) | | | | |
| <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed | | | | |
| Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) | | | | |
| <input type="radio"/> Business Owner/Self-Employed | <input type="radio"/> Financial Services/Banking Professional | <input type="radio"/> Military | <input type="radio"/> Consultant | |
| <input type="radio"/> Executive/Senior Management | <input type="radio"/> Information Technology Professional | <input type="radio"/> Educator | <input type="radio"/> Other (Specify): _____ | |
| <input type="radio"/> Medical Professional | <input type="radio"/> Other Professional | <input type="radio"/> Clerical/Administrative Services | | |
| <input type="radio"/> Legal Professional | <input type="radio"/> U.S. Government Employee (Federal/State/Local) | <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) | | |
| <input type="radio"/> Accounting Professional | <input type="radio"/> Foreign Government Employee (Non-U.S.) | <input type="radio"/> Sales/Marketing | | |
| Employer Name/Business Name | | | | |
| Business Street Address | | | | |
| City | State or Province | | Country | Postal or Zip Code |



6c. Information About Trusts That Are ≥10% Beneficial Owners (Continued)

Part 2: Entity Trustee (Continued)

The Next Two Questions Are Required by Industry Regulations:

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer?

☐ No ☐ Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)

List the company name _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company?

☐ No ☐ Yes (If "yes," enter company name _____ and trading symbol _____.)

7. Select Your Account Features

Enrollment for Electronic Trade Confirmations

By providing your email address, you also consent to receiving Schwab eConfirms™ (trade confirmations sent to your email address detailing any purchase or sale of a security). Unless you check the box below, we will soon send you an email to the above address with more information about eConfirms, and to verify your consent and email address. Later, if you decide you do not want eConfirms, you may change your election and receive paper trade confirmations through the mail. If we can't verify your email address or are unable to deliver email to you at that address, we will send you paper trade confirmations through the mail.

☐ No, at this time I do not want eConfirms.

Checks (optional)

If you wish to request checks, please select Anticipated Activity below. If you do not wish to order checks, leave the Anticipated Activity section blank.

Anticipated Activity

On average, how many times per month do you anticipate writing checks? (Check only one.)

- ☐ Less than 5 times per month
☐ 5 to 10 times per month
☐ 11 to 20 times per month
☐ More than 20 times per month

8. Your Consent to Enroll in Schwab's Cash Features Program

The Cash Features Program is the service that we provide that permits the uninvested cash or "free credit balance" in your brokerage account to earn income while you decide how those funds should be invested. The attached Cash Features Program General Terms and Conditions will inform you of the general terms and conditions of the products available through our Cash Features Program. Additional information about the Cash Features Program and each cash feature is available in the Cash Features Disclosure Statement.

By signing this Application, you consent to having the free credit balances in your brokerage account included in the Cash Features Program, and you also consent to having the Schwab One® Interest feature as your designated cash feature. The Schwab One Interest feature pays you taxable interest on the free credit balance in your Account. The Schwab One Interest feature is not a bank account, is not bank-guaranteed, and is not FDIC-insured. Cash balances in the Schwab One Interest feature are eligible for SIPC insurance, up to applicable limits.

You understand and agree that Schwab can (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of any cash feature; (3) change, add, or discontinue any cash feature; (4) change your investment from one cash feature to another if you become ineligible for your current cash feature or your current cash feature is discontinued; and (5) make any other changes to the Cash Features Program or cash feature as allowed by law. Schwab will notify you in writing of changes to the terms of the cash features, changes to the cash features we make available, or changes to the Cash Features Program prior to the effective date of the proposed changes.



9. Instructions About IA Authorizations (Optional—please select all that apply.)

You may change or revoke these instructions at any time by contacting Schwab.

- ☐ **Trading and Disbursement Authorization for Checks and Journals.** Selecting this option indicates that the Organization has authorized IA to take the following actions and instructs Schwab to permit IA: (1) to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement; (2) to remit checks at the address of record; and (3) to journal cash and/or securities to a Schwab brokerage account on which the Organization is named account holder (known as a first-party transfer).

This disbursement authorization does not apply to wire disbursements; Schwab MoneyLink® distributions; or direct, ongoing electronic payments of dividends, interest, and money market income, which use separate forms. (Note: Trading and Disbursement Authorization for Checks and Journals is not available for Estate, Guardianship, or Conservatorship accounts.)

- ☒ **Trading Authorization.** Selecting this option indicates that the Organization has authorized IA, and instructs Schwab to permit IA, to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement.
- ☒ **Fee Payment Authorization.** Selecting this option indicates that the Organization has authorized IA, and instructs Schwab to permit IA, to pay investment advisory and related fees to IA from its account or another account registered to the Organization, over which it has granted IA fee payment authorization in the amount of IA's instructions.

10. Issuer Communications and Related Actions (Optional)

If the Organization has granted its IA trading authority over its account, and IA exercises investment discretion for the Organization pursuant to an advisory contract, the Organization can appoint IA to be sent certain issuer and issuer-related communications (proxies, tender offers, proposed mergers, rights offerings, exchange offers, and warrants, among other things) that may require a voting decision or other action regarding investments held in an account of the Organization. If the Organization appoints its IA below, IA will, regarding only those voting decisions or other action communications sent to IA: (i) be requested to vote proxy ballots; (ii) be requested to provide instructions regarding corporate reorganizations and other organization actions; and (iii) be sent certain prospectuses and annual reports and other communications. In these cases, the Organization will be authorizing its IA to make all voting decisions and take all actions on the Organization's behalf. The Organization will not be sent informational copies of these communications.

Even if the Organization appoints its IA below, the Organization may still be sent certain other issuer and issuer-related communications regarding investments held in its accounts. The Organization agrees that it will be responsible for providing Schwab any applicable instructions or directions on those items.

Please select only one:

- ☒ **Yes.** The Organization appoints its IA, and the Organization will fulfill its responsibilities, as described above. The Organization instructs Schwab not to disclose its name, address, and securities positions to any issuer of securities held in an account opened under this application.
- ☐ **No.** The Organization does not appoint its IA as described above. The Organization wishes to be sent all issuer and issuer-related communications, make all voting decisions, and take all actions described above. The Organization understands that any issuer of securities held in its account(s) may request that Schwab disclose the Organization's name, address, and securities positions in that issuer.

If you selected "No" above, please select one:

- ☐ IA **should** be sent informational copies of any issuer or issuer-related communications.
- ☐ IA **should not** be sent informational copies of any issuer or issuer-related communications.

If you did not select either "Yes" or "No" above, Schwab will deem the Organization to have indicated "No," but informational copies of issuer and issuer-related communications may be sent to its IA.

11. Add Paperless Services

Schwab offers electronic delivery of various materials, trade confirmations, account statements, and tax forms. To begin your enrollment in Schwab's paperless services, provide your email address in Section 6a. You will receive an email explaining how to complete your enrollment for trade confirmations. To complete your enrollment for other materials, please log in to your account at international.schwab.com. Schwab will continue to send you account materials in the mail until you have completed the enrollment process. If you have provided your email address in Section 6a but do not want to participate in Schwab's paperless services, please check the box below.

- ☐ **No**, do not enroll my account in paperless services.

12. Required Account Opening Authorizations

By signing this application, each individual in his or her representative and individual capacity ("you") certifies, represents and warrants that all of the information supplied in this application is complete, true and correct. You also agree that you have received and read a copy of the attached Schwab One International® Organization Account Application Agreement ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and you with respect to your capacity as an Authorized Individual on the account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain and operate an account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the organizational documents, resolutions, agreements and laws governing the Organization permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under organizational documents, resolutions, agreements and laws governing the Organization.

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CC7305314 (0322-2X0S) APP98279-09 (09/22)



12. Required Account Opening Authorizations (Continued)

You represent and warrant that each Authorized Individual listed on this application or subsequently provided to Schwab is authorized by the Organization to act individually, independently and without the consent of any owner, member, manager, partner, board, director, officer, or other person of the Organization. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Organization. You represent and warrant that nothing in the organizational documents, agreements and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

You authorize Schwab to apply the Beneficial Ownership information provided in this application to all other similarly registered Organization accounts maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any organization you represent (as required by federal law), creditworthiness and ongoing eligibility for the account(s) at account opening, at any time throughout the life of the account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab and its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the account(s), the breach of any agreement with Schwab or any dispute involving you and the Organization.

The representations and obligations stated in this certification will survive the termination of the account(s).

By signing below, you represent and warrant that this application and the incorporated Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the account(s) will be governed by the Agreement and Disclosures.

All Authorized Individuals listed in Section 6a must sign. Please complete these three steps: (1) sign, (2) print name, and (3) enter date. Schwab cannot complete these fields on your behalf—failure to complete all of the steps will delay the processing of your application.

13. Authorization to Open Account

By signing this Application, you acknowledge that you have received and read a copy of the attached Application Agreement, which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this Account and your relationship with Schwab will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the *Charles Schwab Pricing Guide*, each as amended from

time to time (the "Agreement and Disclosures"). You understand there are fees associated with establishing, maintaining, engaging in transactions in and transferring assets out of this Account. Unless you have declined the margin feature, you acknowledge that securities securing loans from Schwab may be lent to Schwab and lent by Schwab to others. You also acknowledge that if you trade "on margin," you are borrowing money from Schwab and that you understand the requirements and risks associated with margin borrowing as

summarized in the Margin Disclosure Statement included with this Application. For purposes of this Account Application and the attached Application Agreement, the terms "you," "your" and "Account Holder" refer to each person who signs this Account Application, as well as the organization. The terms "we," "us," "our," and "Schwab" refer to Charles Schwab & Co., Inc. You agree to notify Schwab promptly regarding any change in the information provided on this Application.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in Section 12, page 2, of the attached Application Agreement.

PLEASE SIGN BELOW IN BLUE OR BLACK INK ONLY. Your signature below will also serve as a signature card.

| Signature(s) and Date(s) Required | | |
|-----------------------------------|------------|-------------------|
| X | | |
| Signature of Authorized Agent | Print Name | Date (mm/dd/yyyy) |
| X | | |
| Signature of Authorized Agent | Print Name | Date (mm/dd/yyyy) |
| X | | |
| Signature of Authorized Agent | Print Name | Date (mm/dd/yyyy) |
| X | | |
| Signature of Authorized Agent | Print Name | Date (mm/dd/yyyy) |



14. Substitute W-9 Certification (Only for U.S. person who is the Account Taxpayer)

For U.S. federal tax purposes, you are considered a U.S. person if you are a U.S. citizen, U.S. resident, or U.S. entity.

THE CERTIFICATION IN THE BOX BELOW DOES NOT APPLY TO ANYONE WHO HAS SUBMITTED AN IRS FORM W-8.

I certify, under penalty of perjury, that (1) the number shown on this Application is my correct Taxpayer Identification Number; and (2) I am not subject to backup withholding due to a failure to report interest and dividend income; and (3) I am a U.S. person (a U.S. citizen or U.S. resident alien); and (4) the Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

☐ If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must check the preceding box indicating that item (2) above does not apply.

If you are submitting this Application for an account you hold in the U.S., item (4) above does not apply.

Consent: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

| | |
|--|--|
| X Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer Date (mm/dd/yyyy) | X Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer Date (mm/dd/yyyy) |
| X Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer Date (mm/dd/yyyy) | X Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer Date (mm/dd/yyyy) |

15. Organization Resolutions Authorizing Organization Brokerage Account

I, Licimaco Herrera Soto, the President of
Print Name Title: Head of Organization

3K Investments & Holding SA, an organization organized under
Name of Organization

the laws of Panama, pursuant to the resolutions shown below, certified by the Secretary (or equivalent role), authorize you to open an account in the name of the organization; and the undersigned also encloses your Schwab One International® Advisor Services Organization Account Application executed on behalf of the organization. This authorization shall continue in full force until revoked by the organization by a written notice delivered to Schwab.

Signature and Date Required

X
Signature: Head of Organization Print Name Date (mm/dd/yyyy)

16. Certification of Organization Resolutions

I, Adelina Yasbeth Barria Valdes, Secretary or equivalent role of the above organization, or person filling a similar
Print Name
position, hereby certify the following resolutions were adopted by the Board of Directors (or, if no Board of Directors, Board of Managers or similar governing body, the person[s] duly authorized by the charter documents of the organization), and that no action has been taken to rescind or amend the resolutions and that the same are now in full force and effect.

I further certify that the organization is duly organized and existing and has the power to take the action called for by the resolutions shown below.

Signature and Date Required

X
Signature: Secretary or Equivalent Role of Organization Print Name Date (mm/dd/yyyy)



16. Certification of Organization Resolutions (Continued)**Resolutions adopted by the Board of Directors authorizing the establishment and maintenance of brokerage account(s)**

1. That the duly elected officers of the organization be authorized and empowered to establish and maintain one or more accounts with Charles Schwab & Co., Inc. ("Schwab") for the purpose of purchasing, investing in or otherwise acquiring, selling, possessing, transferring, exchanging, endorsing, assigning or otherwise disposing of, or turning to account of or realizing upon, and generally dealing in and with any forms of securities including (but not by way of limitation) shares, stocks, bonds, debentures, notes, scrips, participation certificates, rights to subscribe, option warrants, stock purchase warrants, futures, certificates of deposit, mortgages, choses in action, evidences of indebtedness, commercial papers, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, whether represented by trust, participating and/or other certificates or otherwise.
 - (a) to give written or oral instructions to Schwab with respect to said transactions;
 - (b) to bind and obligate the organization to and for the carrying out of any contract, arrangement or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the organization with or through Schwab;
 - (c) to pay in cash or by checks and/or drafts drawn upon the funds of the organization such sums as may be necessary in connection with any of the said accounts;
 - (d) to deliver securities to Schwab;
 - (e) to order the transfer or delivery thereof to any other person whatsoever and/or to order the transfer of record of any securities in order to pass title thereto;
2. That the fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the officers and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing):
 - (a) to give written or oral instructions to Schwab with respect to said transactions;
 - (b) to bind and obligate the organization to and for the carrying out of any contract, arrangement or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the organization with or through Schwab;
 - (c) to pay in cash or by checks and/or drafts drawn upon the funds of the organization such sums as may be necessary in connection with any of the said accounts;
 - (d) to deliver securities to Schwab;
 - (e) to order the transfer or delivery thereof to any other person whatsoever and/or to order the transfer of record of any securities in order to pass title thereto;
3. That Schwab may deal with any and all of the persons directly or indirectly by the foregoing resolution empowered, as though it is dealing with the organization directly.
4. That the Secretary (or person performing similar functions) of the organization be authorized, empowered and directed to certify, under the seal of the organization (if there is one), or otherwise, to Schwab:
 - (a) a true copy of these resolutions;
 - (b) specimen signatures of each and every person by these resolutions empowered;
 - (c) a certificate (which, if required by Schwab, shall be supported by an opinion of the general counsel of the organization or other counsel satisfactory to Schwab) that the organization is duly organized and existing, that its charter empowers it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the bylaws or otherwise.
5. That Schwab may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until Schwab shall receive due written notice of a change in or the rescission of the authority so evidenced; and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person hereby empowered ceases to be an officer (or person holding other positions of authority) of the organization or becomes an officer (or person holding other positions of authority) under some other title in any way affect the powers hereby conferred. The failure to supply any specimen signature shall not invalidate any transaction if the transaction is in accordance with authority actually granted.
6. That in the event of any change in the office or powers of persons hereby empowered, the Secretary (or person performing similar functions) shall certify such changes to Schwab in writing in the manner hereinabove provided, which notification, when received, shall be adequate both to terminate the powers of the persons theretofore authorized, and to empower the persons thereby substituted.
7. That the foregoing resolutions and the certificates actually furnished to Schwab by the Secretary of the organization (or person performing similar functions) pursuant thereto be and they hereby are made irrevocable until written notice of the revocation thereof shall have been received by Schwab.



17. Organizational Authorization

I, Adelina Yasbeth Barria Valdes, being the Secretary or equivalent role of 3K Investments & Holding SA,
Print Name Name of Organization

an organization organized and existing under and by virtue of the laws of Panama, certify that the following is a true and complete copy of resolutions duly adopted by the Board of Directors (or, if no Board of Directors, Board of Managers or similar governing body exists, the person[s] duly authorized by the charter document of this organization); that said resolutions are still in full force and effect and have not been rescinded; and that said resolutions are not in conflict with the charter or bylaws of this organization.

RESOLVED: That the authorized individuals of this organization as designated below be, and they hereby are, fully authorized and empowered to transfer, convert, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, debentures, notes, subscription warrants, stock purchase warrants, evidences of indebtedness or other securities now or hereafter standing in the name of or owned by this organization and to make, execute and deliver, under the organization or certification seal of this organization (if there is one), any and all written instruments of assignment and transfer necessary or proper to effectuate the authority hereby conferred.

| | |
|--|--------------------------------------|
| Martin D Lifschitz <small>Authorized Agent 1 (Print name.)</small> | Owner <small>Title</small> |
| Dolores Carril <small>Authorized Agent 2 (Print name.)</small> | Owner <small>Title</small> |
| <small>Authorized Agent 3 (Print name.)</small> | <small>Title</small> |
| <small>Authorized Agent 4 (Print name.)</small> | <small>Title</small> |

Note: All agents listed above must also complete and sign the Schwab One International® Advisor Services Organization Account Application.

FURTHER RESOLVED: That any of the aforementioned authorized individual(s) of the organization, and the organization itself, authorize Schwab to inquire from any source, including a consumer reporting agency, as to their creditworthiness and ongoing eligibility for the account at any time throughout the life of the account, and thereafter for debt collection or investigative purposes.

FURTHER RESOLVED: That whenever there shall be annexed to any instrument of assignment and transfer, executed pursuant to and in accordance

with the foregoing resolution, a certificate of the Secretary or a person filling a similar position of this organization in office at the date of such certificate, and such certificate shall set forth these resolutions and shall state that these resolutions are in full force and effect and shall also set forth the names of the persons who are then officers of this organization, then all persons to whom such instrument with the annexed certificate shall thereafter come, shall be entitled, without further inquiry or investigation and regardless of the date of such certifi-

cate, to assume and to act in reliance upon the assumption that the shares of stock or other securities named in such instrument were theretofore duly and properly transferred, endorsed, sold, assigned, set over and delivered by this organization, and that with respect to such securities the authority of these resolutions and of such officers is still in full force and effect. I further certify that the following, including all attached addenda, is a true and correct list of the present officers of this organization.

| | |
|--|---|
| Licimaco Herrera Soto <small>President (Print name.)</small> | Ana Maria Moreno Quiroz <small>Vice President (Print name.)</small> |
| Adelina Yasbeth Barria Valdes <small>Secretary (Print name.)</small> | <small>Treasurer (Print name.)</small> |



17. Organizational Authorization (Continued)**Signature and Date Required****X**

Signature: Secretary or Equivalent Role of Organization

Date (mm/dd/yyyy)

IF NO ORGANIZATION SEAL, PLEASE HAVE SECRETARY OR EQUIVALENT ROLE'S SIGNATURE CERTIFIED.
 CERTIFICATION CAN BE CARRIED OUT BY A PUBLIC NOTARY. IF A NOTARY IS NOT AVAILABLE, A PROFESSIONAL
 PERSON, (E.G., EMBASSY OFFICIAL, LAWYER, OR BANK OFFICIAL) MAY CERTIFY AND MUST SIGN BELOW.

(AFFIX ORGANIZATION OR
 CERTIFICATION SEAL)

Signature and Date Required**X**

Signature: Person Certifying Secretary or Equivalent Role's Signature

Date (mm/dd/yyyy)

Person's Title/Position

IF A SECRETARY OR EQUIVALENT ROLE SIGNATURE IS CERTIFIED BY A NOTARY, PLEASE COMPLETE NOTARY SECTION BELOW.

Jurisdiction: _____

on _____ before me, _____,
 (mm/dd/yyyy) (Name and Title of the Notarizing Officer)

personally appeared _____,
 (Name of Person[s] Signing Instrument)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
 name(s) is/are subscribed to the within instrument and who acknowledged to me that he/she/they executed
 the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument
 the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.*

WITNESS my hand and official seal.

Notary Public _____ Expiration Date _____
 (Signature of Notarizing Officer) (mm/dd/yyyy)

*Notaries for whom the box provided is not applicable should attach the appropriate notarizing declaration in
 lieu of the above.

(NOTARY SEAL)



Organization Account Application Agreement

This agreement relates to your account and is part of the Account Agreement between each account holder and Charles Schwab & Co., Inc. ("Schwab"). Please read and retain for your files.

Section 1: Scope of Agreement. Your agreement with Schwab consists of the terms set forth in this Application Agreement and the terms set forth in the Schwab One® Account Agreement, which incorporates the *Charles Schwab Pricing Guide* and a number of other important disclosures. The Schwab One Account Agreement is provided with this Application or at the opening of your Account. You agree to contact Schwab if you do not receive the Schwab One Account Agreement.

In addition, you may in the future receive from Schwab supplemental terms or disclosures that pertain to certain account types, service features and benefit packages. These supplemental terms and disclosures, this Application Agreement and the Schwab One Agreement are collectively referred to as the "Agreement and Disclosures." You agree to read the Agreement and Disclosures carefully and retain copies for your records.

Section 2: Acceptance of Agreements and Disclosures. You agree that the Agreement and Disclosures govern all aspects of your relationship with Schwab, including all transactions between Schwab and you and all products and services now or in the future offered through Schwab. Schwab may rely on your use of Schwab's products and services as evidence of your continued acceptance of the Agreement and Disclosures.

Section 3: Your Representations and Warranties.

You represent and warrant that: (a) you are of legal age in the state in which you live and you are authorized to enter into this Agreement; (b) you have supplied accurate information in your Account Application; (c) no one except the Account Holders listed on the Account Application (and if community property is held, the Account Holders' spouses) has an interest in the Account; (d) no additional authorizations from third parties are required for you to open the Account and effect transactions therein; (e) except as you have otherwise indicated on your Account Application or in writing to us, (i) you are not an employee of or affiliated with any securities exchange or member firm of any exchange, the Financial Industry Regulatory Authority (FINRA), or any securities firm, bank, trust company, or insurance company; and (ii) you are not a director, 10% beneficial shareholder, policy-making officer, or otherwise an "affiliate" (as defined in Rule 144 under the Securities Act of 1933) of a publicly traded company; and (f) this Application Agreement, as amended from time to time, is a legal, valid and binding obligation, enforceable against you in accordance with its terms.

Section 4: Account Handling. Schwab will automatically hold all of your securities purchased, sales proceeds, dividends and interest. Schwab will also release your name, address and securities positions to companies in which we hold securities for your Account upon request, unless you notify us otherwise in writing. If you maintain more than one account

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at Schwab, you authorize Schwab to transfer assets between your accounts when no written authorization is requested.

You authorize Schwab to apply beneficial ownership information provided in this Application to all other similarly registered Organization accounts maintained at Schwab.

Section 5: Responsibility for Investment Decisions. You agree that you and any agent under a power of attorney or Investment Advisor (if you have one) are solely responsible for investment decisions in your Account, including whether to buy or sell a particular security. Unless required by law, or unless Schwab provides advice to you that is clearly identified as an individualized recommendation for you, you understand that Schwab has no obligation to determine whether a particular transaction, strategy, or purchase or sale of a security is in your best interest. Your obligation includes an affirmative duty to monitor and stay informed about your Account and your investments and respond to changes as you deem appropriate. Unless we otherwise agree with you in writing, Schwab does not monitor your account(s) or investments and has no obligation to update an investment recommendation, financial advice, or financial plan we may give you. Such recommendation, financial advice, or financial plan only applies at the point in time we provide it to you. You acknowledge that Schwab does not provide tax or legal advice.

Section 6: Payment of Indebtedness. You agree to make payment of any indebtedness related to your Account, including, but not limited to, any such indebtedness that results from instructions provided to Schwab by you, your agent or any attorney-in-fact under a power of attorney or Investment Advisor authorized to make transactions in your Account. We may elect anytime, with or without notice, to make any debit balance or other obligation related to your Account immediately due and payable. We may report any past-due account to a consumer and/or securities credit reporting agency. We may also refer your Account to a collection agency.

Section 7: Granting a Lien on Your Accounts. As security for the repayment of all present or future indebtedness owed to us by each Account Holder, each Account Holder grants to us a first, perfected and prior lien on, a continuing security interest in, and right of set-off with respect to all property that is, now or in the future, held, carried or maintained for any purpose in or through Schwab, and, to the extent of such Account Holder's interest in or through, any present or future account with us or our affiliates in which the Account Holder has an interest. In the event of a breach or default by you under this Agreement, Schwab will have the rights and remedies available to a secured creditor under all applicable laws in addition to the rights and remedies provided in this Agreement. If you owe money to Schwab as the result of activity in your Account and there are assets available in any non-retirement brokerage

account that you hold at Schwab which could fully or partially satisfy the debt, you agree that, upon Schwab's written demand, you will execute all documents necessary to effect a transfer from your non-retirement brokerage account and agree to pay or cause such funds to be paid immediately to Schwab in order to satisfy your indebtedness to Schwab.

Section 8: Liquidations. Whenever it is necessary for our protection or to satisfy a margin deficiency, debit or other obligation owed us, we may (but are not required to) sell, assign and deliver all or any part of the property securing your obligations, or close any or all transactions in your Account. We may choose which property to buy or sell, which transactions to close and the sequence and timing of liquidation. We may take such actions on whatever exchange or market and in whatever manner (including public auction or private sale) that we choose in the exercise of our business judgment. You agree not to hold us liable for the choice of which property to buy or sell or of which transactions to close or for timing or manner of liquidation.

In certain circumstances we may, at our sole discretion, liquidate your entire margin loan balance to satisfy a margin call. You agree not to hold us liable for taking such action.

We may transfer property from any non-retirement brokerage account in which you have an interest to any other brokerage accounts in which you have an interest regardless of whether there are other account holders on either account, if we determine that your obligations are not adequately secured or to satisfy a margin deficiency or other obligation. You agree to pay on demand any account deficiencies after liquidation, whether liquidation is complete or partial.

All of the above may be done without demand for margin or notice of purchase, sale, transfer or cancellation to you. No demand for margin or notice shall impose on Schwab any obligation to make such demand or provide such notice to you in the future. Any such notice or demand is hereby expressly waived, and no specific demand or notice shall invalidate this waiver.

Section 9: Interest on Debit Balances. We will charge and compound interest on your debit balances (whether in a Margin or Cash Account) according to our *Disclosure of Credit Terms and Policies*.

Section 10: Using the Check Feature. You authorize checks to be issued as indicated in your Account Application. You agree that each Account Holder on your Account is authorized to write checks.

Section 11: Verification. You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity (as required by U.S. federal law), creditworthiness and ongoing eligibility for the Account of the signatories to this application, any other person referred to on this application, or any person whom Schwab is later notified as associated

with the account (as well as their spouses, if they live in a community property jurisdiction) at account opening, at any time throughout the life of the Account, and thereafter for debt collection or investigative purposes.

Section 12: Required Arbitration Disclosures.

Regulatory authorities require that any brokerage agreement containing a predispute arbitration agreement must disclose that this agreement contains a predispute arbitration clause. This Agreement contains a predispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- All parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

1. the class certification is denied;
2. the class is decertified; or
3. the customer is excluded from the class by the court.

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

Section 13: Arbitration Agreement. Any controversy or claim arising out of or relating to (i) this Agreement, any other agreement with Schwab, an instruction or authorization provided to Schwab or the breach of any such agreements, instructions, or authorizations; (ii) the Account, any other Schwab account or Services; (iii) transactions in the Account or any other Schwab account; (iv) or in any way arising from the relationship with Schwab, its parent, subsidiaries, affiliates, officers, directors, employees, agents or service providers ("Related Third Parties"), including any controversy over the arbitrability of a dispute, will be settled by arbitration.

This arbitration agreement will be binding upon and inure to the benefit of the parties hereto and their respective representatives, attorneys-in-fact, heirs, successors, assigns and any other persons having or claiming to have a legal or beneficial interest in the Account, including court-appointed trustees and receivers. This arbitration agreement will also inure to the benefit of third-party service providers that assist Schwab in providing Services ("Third-Party Service Providers") and such Third-Party Service Providers are deemed to be third-party beneficiaries of this arbitration agreement.

The parties agree that this arbitration agreement will apply even if the application to open the Account is denied and will survive the closure of your Account and/or the termination of services rendered under this Agreement.

Such arbitration will be conducted by, and according to the securities arbitration rules and regulations then in effect of, the Financial Industry Regulatory Authority (FINRA) or any national securities exchange that provides a forum for the arbitration of disputes, provided that Schwab is a member of such national securities exchange at the time the arbitration is initiated. Any party may initiate arbitration by filing a written claim with FINRA or such eligible national securities exchange. If arbitration before FINRA or an eligible national securities exchange is unavailable or impossible for any reason, then such arbitration will be conducted by, and according to the rules and regulations then in effect of, the American Arbitration Association (AAA). If arbitration before the AAA is unavailable or impossible for any reason, the parties agree to have a court of competent jurisdiction appoint three (3) arbitrators to resolve any and all disputes or controversies between or among the parties. Each party shall bear its own initial arbitration costs, which are determined by the rules and regulations of the arbitration forum. In the event of financial hardship, the arbitration forum may waive certain costs in accordance with such rules. At the conclusion of the hearing, the arbitrators will decide how to assess the costs of the arbitration among the parties.

Any award the arbitrator makes shall be final and binding, and judgment on it may be entered in any court having jurisdiction. This arbitration agreement shall be enforced and interpreted exclusively in accordance with applicable federal laws of the United States, including the Federal Arbitration Act. Any costs, fees or taxes involved in enforcing the award shall be fully assessed against and paid by the party resisting enforcement of said award.

For FINRA arbitrations, FINRA will appoint a single public arbitrator in customer cases decided by one arbitrator. In customer cases decided by three arbitrators, investors have the option of choosing an arbitration panel with two public arbitrators and one non-public arbitrator (Majority-Public Panel Rule) or a panel of all public arbitrators (Optional All-Public Panel Rule). If the customer declines to elect a panel selection method in writing by the applicable deadline, the Majority-Public Panel Rule for selecting arbitrators will apply.

All notices from one party to the other involving arbitration shall be considered to have been fully given when so served, mailed by first-class, certified or registered mail, or otherwise given by other commercially accepted medium of written notification.

In addition to the above provisions, if a party to this Agreement is or becomes a non-U.S. resident at the time of any controversy subject to this arbitration agreement, such party acknowledges and agrees to the following additional provisions:

- (1) The rules of the organization administering the arbitration specifically provide for the formal designation of the place at which the arbitration is to be held.
- (2) Entering into this Agreement constitutes consent to submit to the personal jurisdiction of the courts of the state of California, U.S.A., to interpret or enforce any or all of these arbitration provisions. Judgment on any arbitration award may be entered in any court having jurisdiction, or application may be made to such court for judicial acceptance of the award and an order of enforcement, as the case may be.
- (3) The exclusive language to be used by the parties and the arbitrators in the arbitration proceedings shall be English. Any party wishing an interpreter shall make all arrangements directly with the interpreter and shall assume all costs of the service.
- (4) If a party is a foreign government or state, state-owned or state-operated enterprise or other instrumentality of a foreign government or state, such party waives all rights of sovereign immunity and neither the Federal Act of State doctrine nor the doctrine of sovereign immunity shall apply insofar as any enforcement in courts located in the U.S.A. is concerned.

Section 14: Electronic Copies. The electronically stored copy of your (or your agent's) signature, any written instructions or authorizations, the Account Application and the Agreement and Disclosures is considered to be the true, complete, valid, authentic and enforceable record, admissible in judicial, administrative or arbitration proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. You agree to not contest the admissibility or enforceability of Schwab's electronically stored copy of such documents in any proceeding between you and Schwab.

Section 15: Unclaimed Property. If no activity occurs in the Account within the time period specified by applicable state law, the Account may be transferred to the appropriate state.

Section 16: Information About SIPC. To obtain information about Securities Investor Protection Corporation (SIPC), including an explanatory SIPC brochure, please contact SIPC at www.sipc.org or 1-202-371-8300.

Section 17: Impartial Lottery for Securities Subject to Partial Call or Partial Redemption. If Schwab holds securities for you in street name, in Schwab's name, or in bearer form that are subject to partial call or partial redemption, then in the case of a partial call or partial redemption Schwab will use an impartial lottery system to select the securities to be called or redeemed from among accounts holding those securities. For a description of Schwab's lottery system, please visit schwab.com/PartialCalls. If you would like a printed description of Schwab's lottery system mailed to you, please contact a Schwab representative at 1-800-435-4000.



Cash Features Program

General Terms and Conditions

Page 1 of 2

The automatic investment of your free credit balance, including the frequency and the amount of each sweep, is governed by the terms and conditions set forth in the Cash Features Disclosure Statement and in the Account Agreement applicable to your account. The material in this document is intended for informational purposes only. If there is any conflict between the descriptions in this document and the terms of the Cash Features Disclosure Statement, the Cash Features Disclosure Statement will control.

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| How the Cash Features Program Works | Schwab's Cash Features Program is the service (described in the Cash Features Disclosure Statement) that we provide to automatically invest, or "sweep," the free credit balance in your account into a liquid investment to earn interest. The program permits you to earn income while you decide how those funds should be invested longer term. |
| Available Cash Feature | <p>The available cash features currently consist of:</p> <ul style="list-style-type: none"> ▪ The free credit balance in your eligible account (the "Schwab One® Interest feature"), on which Schwab pays interest; ▪ Interest-bearing deposit accounts at one or more of our affiliated banks (the "Bank Sweep feature" for most accounts and the "Bank Sweep for Benefit Plans feature" for retirement plan accounts); and ▪ For some accounts, one or more affiliated money market mutual funds (the "Money Fund Sweep feature"). |
| Eligibility | Eligibility for each cash feature is based on the registered ownership and the type of account. Not all account registrations and account types will be eligible for all cash features. Some account registrations and account types will be eligible for only one cash feature. Please see your Account Application and the Cash Features Disclosure Statement for more complete eligibility details. |
| Duty to Monitor Eligibility for Cash Features | It is your responsibility to monitor your eligibility for the cash features and determine the best cash feature available to you. Schwab is not responsible for contacting you if you are, or later become, eligible for other higher-yielding cash features. |
| Interest Rates and Yields | <p>The interest rates and yields for the different cash features vary over time. There is no guarantee that the interest rate and yield on any particular cash feature will be or will remain higher than the interest rate and yield on any other cash features over any period. Current interest rates and yields can be obtained by contacting your independent investment advisor or your Financial Consultant, or by calling us at 1-800-435-4000. If you already have an account, you can visit our website at www.schwab.com/sweep. If your account is an Advisor Services account, please contact your advisor, visit www.schwab.com/SA_sweep, or call Schwab Alliance at 1-800-515-2157.</p> <ul style="list-style-type: none"> ▪ The interest rate on the Schwab One Interest feature is set by Schwab. We have the option to pay as low a rate as possible consistent with our views of competitive necessities. With certain exceptions, the rate will be tiered based upon the overall free credit balance within your account. ▪ The interest rate on the Bank Sweep feature is set by our affiliated bank(s), which also has the option to pay as low a rate as possible consistent with their views of competitive necessities. Retirement accounts will be paid a reasonable rate consistent with applicable legal and regulatory requirements. With certain exceptions, the rate will be tiered based upon your account type and the combined amount of your account's Bank Sweep deposits at our affiliated bank(s). |

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value



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| Interest Rates and Yields (Continued) | <ul style="list-style-type: none"> ▪ The interest rate on the Bank Sweep for Benefit Plans feature is set by our affiliated bank(s), which intend to pay interest consistent with reasonable rate provisions of applicable legal and regulatory requirements. This can be lower than some competitors' rates. Interest rates do not vary by tiers and do not vary based on your cash balances. ▪ Money market mutual funds offered through the Money Fund Sweep feature seek to achieve the highest yield (less fees and expenses) consistent with prudence and their investment objectives. <p>Cash features are not intended to be long-term investments, and yields on any of our cash features can be lower than those of similar investments or deposit accounts offered outside the Cash Features Program. If you desire to maintain cash balances for other than a short-term period and/or are seeking the highest yields currently available in the market, please contact your Schwab representative or visit www.schwab.com/cash for investment options that may be available outside of the Cash Features Program to help maximize your return potential consistent with your investment objectives and risk tolerance. If your account is an Advisor Services account, please contact your advisor, visit www.schwab.com/SA_cash, or call Schwab Alliance at 1-800-515-2157.</p> |
| Benefits to Schwab | <p>We charge fees and receive certain benefits under the different cash features. We share a portion of these fees and benefits with our investment professionals. Because of these fees and benefits, we have a financial incentive to select the particular cash features included in the Cash Features Program.</p> |
| Differing Risks and Account Protection | <p>The different cash features are subject to different risks and account protection:</p> <ul style="list-style-type: none"> ▪ The Schwab One® Interest feature is not subject to market risk and value loss but is subject to the risk of Schwab's failure. In the unlikely event that Schwab fails, cash is eligible for SIPC coverage up to a limit of \$250,000 (including principal and interest) per client in each insurable capacity (e.g., individual or joint). Free credit balances held at Schwab are not insured or guaranteed by the FDIC. ▪ The Bank Sweep and Bank Sweep for Benefit Plans features are not subject to market risk and value loss but are subject to the risk of the failure of one or more of our affiliated banks. In the unlikely event that one or more of our affiliated banks fails, deposits at each bank are eligible for FDIC insurance protection up to a limit of \$250,000 (including principal and interest) per depositor in each insurable capacity (e.g., individual, joint, and plan participant). This limit includes any other deposits you may have at that bank outside of the Bank Sweep and Bank Sweep for Benefit Plans features. You are responsible for monitoring your bank balances in the Bank Sweep and Bank Sweep for Benefit Plans features and the balances in any of your other bank accounts at each affiliated bank to determine if these, in total, exceed FDIC insurance limits. Monies held in both features are not covered by SIPC. ▪ Money market mutual funds in the Money Fund Sweep feature invest in high-quality, short-term securities and seek to maintain a stable value, but are subject to market risks and potential value loss. They are not bank accounts and are not subject to FDIC insurance protection. They are instead covered by SIPC, which protects against the custodial risk (and not a decline in market value) when a brokerage firm fails by replacing missing securities and cash up to a limit of \$500,000, of which \$250,000 may be cash. Shares held through the Money Fund Sweep feature are not considered cash, but are treated as securities for SIPC coverage. |

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value



Margin Disclosure Statement

www.schwab.com | 1-800-435-4000 (inside the U.S.) international.schwab.com | +1-415-667-8400 (outside the U.S.)

- This is important information regarding margin borrowing, if you have requested the margin feature on your brokerage account.
- Please retain this document for your files.
- When using margin, please keep these important rules and conditions in mind.
- A complete list of terms and conditions pertaining to margin trading and short selling, including credit terms and policies, can be found in the Account Agreement. The Account Agreement will be provided to you after account opening or you can access it at any time on our website or by calling us. Please read this important document before opening a margin account.
- For questions regarding margin borrowing, please contact us at the numbers listed above. For clients of independent investment advisors, please call your advisor directly or call Schwab Alliance at 1-800-515-2157.

When considering a margin loan, you should determine how the use of margin fits your own investment philosophy. It is important that you fully understand the risks, rules, and requirements involved in trading securities on margin.

The following paragraphs highlight some of the critical aspects of margin trading:

Margin trading increases your level of market risk. Margin trading increases your buying power, allowing you to purchase a greater amount of securities with your investing dollar. Therefore, your exposure to market volatility increases—a declining market could result in even greater losses. *A decline in the value of your securities that you purchase on margin can require you to provide additional funds to Schwab in order to avoid the forced sale of those securities or other securities in your account.*

Your downside is not limited to the collateral value in your margin account. When you buy securities on margin, you are borrowing money from Schwab for part of your transactions. Securities and other assets in your Schwab account(s) are pledged as collateral to secure this loan. These margin transactions are riskier and involve the possibility of greater loss than transactions where you are not borrowing money. If the securities in your account decline in value, so does the value of the collateral supporting your loan. When the value of the collateral falls below the maintenance margin requirements, or Schwab's higher "house" requirements, Schwab can move to protect its position. In order to cover margin deficiencies, Schwab may issue you a margin call—a request for additional cash—or sell securities from your account. If a sale does not cover the deficiency, you will be responsible for any shortfall.

Schwab may initiate the sale of any securities in your account, without contacting you, to meet a margin call. Schwab will attempt to involve you in the case of margin deficiency; however, market conditions can require the firm to quickly sell any of your securities without your consent. Because the securities are collateral for the margin loan, Schwab has the right to decide which security to sell in order to protect its interests. Even if Schwab has contacted you and provided a specific date by which you can meet a margin call, the firm can still take necessary steps to protect its financial interests, including immediately selling the securities without prior notice to you.

Schwab's "house" initial and maintenance margin requirements may exceed those established by the Federal Reserve Board and/or the Financial Industry Regulatory Authority, Inc. Please call Schwab for current margin requirements.

Schwab retains the right to change its initial margin requirements at any time and without prior notice. We may also impose anytime and without prior notice more stringent requirements on positions that in our sole discretion involve higher levels of risk; for example, higher limits may apply for thinly traded, speculative or volatile securities, or concentrated positions of securities.

Schwab may increase its "house" maintenance margin requirements at any time and is not required to provide you with advance written notice. Changes in Schwab's policy regarding "house" maintenance margin requirements often take effect immediately and can result in the issuance of a maintenance margin call. Your failure to satisfy the call may cause Schwab to liquidate or sell securities in your account.

Schwab retains absolute discretion to determine whether, when and in what amounts we will require additional collateral. For example, we can require additional collateral if an account contains only one security or a large concentration of one or more securities; or low-priced, thinly traded or volatile securities; or if some of your collateral is or becomes restricted or non-negotiable or non-marginable. We may also consider market conditions, your financial resources, or other factors deemed by us to be relevant given the circumstances at the time.

You are not entitled to an extension of time on a margin call. While an extension of time to meet margin requirements might be available to customers under certain conditions, a customer does not have a right to the extension.

Some accounts that carry a margin loan balance and hold dividend-paying securities may receive a "substitute income payment in lieu of a dividend" (PIL). This payment may be taxable as ordinary income. Taxable accounts that receive a PIL instead of a qualified dividend may also receive a supplemental credit from Schwab. This will be identified on customer statements as a "Schwab substitute income credit." However, when Schwab can identify that a dividend is nonqualified, we will not credit your account with this additional payment.

- This credit is NOT "payment in lieu," and is unrelated to any payment from either the security issuer or the borrower.
- It is a discretionary credit from Schwab which may be discontinued in the future with or without notice.*
- It may be subject to tax at your ordinary income tax rate. Please consult your tax advisor about your specific tax situation.
- Because individual tax situations differ, Schwab cannot precisely calculate the additional tax costs a client might incur. Therefore, we do not intend, nor should clients expect, for this payment to be an exact reimbursement of any excess tax cost.

*Please refer to the "Loan Consent" section of your Account Agreement which states that no compensation is due in connection with such loans and that Schwab "is not required to compensate you for any differential tax treatment between dividends and payments in lieu of dividends."

